Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/21/2010	Address:	Beech Road and Jackson Rd
Case #:	<u>24F31323</u>		Mishawaka, IN 46544
County:	St. Joe		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	al/Glassware/Equipment (only) te (only)	Outbuilding Vehicle	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:St. Joe Co found on road acies that serve the location:	
Fire Depart Health Dep Child Prote For further	tment: Penn Township eartment: St. Joe County ection Service: N/A information regarding this methamph	Fax: <u>574-2</u> Fax: <u>574-2</u> Fax:	255-5075 235-9750 -

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.